

CCTV for Dementia Care Homes Proposal

December 2016

Jayne Connery

Table of Contents

Overview

Elderly Care and Specialist Markets

CCTV current system users

Recommendation

Selected Supporting Information - Appendix

Overview

As a family member and direct next of kin of a loved one with dementia, I had placed my trust and confidence in a care home that ultimately failed to deliver what I believed to be a basic level of acceptable care. Indeed, my concerns were such that I had resorted to placing a covert camera in my mother's room, purely to reassure myself that her best interests were central to the care she received from staff employed at the care home.

Regrettably, recorded images confirmed my worst fears. Whilst subsequently trying to resolve those obvious shortcomings with the Company representatives, my mother was served with notice to leave the home. As a result, my concerns and those of other relatives were never fully addressed and I never actually got to know if the welfare of the other residents improved because of the issues I and others had raised.

The entire debacle however made me wonder if my experience and that of my mums was the exception rather than the rule. The very sad thing was knowing that many vulnerable people with dementia living in any home, are simply not able to let anyone know if they are distressed, mistreated, neglected, disrespected or simply ignored. Whilst I have since heard from hundreds of other families who are very concerned about the care their loved one receives in care home settings, there are also very many residents with few or no family members and no visiting advocates who can speak up and raise concerns on their behalf.

It was for all those reasons, I started to campaign for the introduction of CCTV systems in care environments.

This paper seeks to inform the reader about the UK health and social care market, the process of inspection and regulation, the vacuum that exists in terms of continuous independent monitoring and the proposition that monitored CCTV systems can materially improve the life and welfare of vulnerable people living in institutional care settings.

Elderly Care and Specialist Markets

With over 400,000 registered care home beds in the UK, it is this area of social care that has for many years been subjected to significant public scrutiny, primarily because of notorious and graphically exposed abuse issues. For 30 years and more those same sector abuses have continued unabated and despite such incidences being a relatively small percentage of the overall sector population, the reality is that many concerns and issues continue to go unreported. In the last five years, over 100,000 safeguarding referrals have been investigated in the UK at very significant cost in terms of time and manpower use.

Many of those investigations will have reached conclusions based on probability rather than evidence. Some will have reached no conclusion at all given the absence of evidence of any kind or indeed witness support.

A 2016 poll of a public sample group confirmed that 52% of people believed abuses were 'a regular event' in care homes. That is a shocking indictment of a care sector that local authorities and the NHS completely depend upon, yet fail to restructure to ensure quality care services are of a consistent high standard

With public trust and confidence so low in the Care Home sector, surely it is time technology was implemented that permitted much greater transparency, delivered much more certainty and thus significantly improved trust relationships between all stakeholders whether that be families, commissioners or regulators. Above all it would further protect very vulnerable people.

The use of CCTV systems need not be purely for the independent sector care homes but also the voluntary, charitable and public sector facilities. Resident profiles in all settings are similar, in that many of the people living in all homes suffer from illnesses that make them vulnerable, whether that be a form of dementia, a physical disability or a mental health issue. In many cases, residents are not able or willing to self-determine or articulate their concerns and therefore they require systems that will ensure they are safeguarded and protected. Families in such circumstances want systems that will ensure not only are their loved ones safe, but any issue is independently reviewed and resolved accordingly.

Many care homes provide services for chronic dementia sufferers. A typical profile may include a significant level of confusion, bouts of aggressive and challenging behaviour, aimless wandering, periods of despair and depression and often an inability to decide about their own welfare. Several vulnerable residents with similar profiles living together means volatile incidents can often occur whether that be resident on resident or with a staff or other relative involved.

CCTV systems can promote safety whilst respecting privacy, they can provide visual and audio evidence to manage risk appropriately, ensuring that the quality of care promised is the quality of care received. Systems encourage and promote respect of the individual and above all else act as a deterrent for the hobby abuser.

The Winterbourne scandal was perhaps an example of cultural abuse at its very worst. For months on end residents were routinely abused as a sport for staff and it was only when an undercover reporter using a hidden camera, exposed the culture of abuse in that facility, that it was eventually closed. It did however result in a Government decision to overtime not place people with learning disabilities in large hospital and institutional setting but rather seek placements in small community based residential homes.

Regrettably whilst that has been an improved experience for many, it has not resolved the issue of ongoing abuse of such vulnerable people. Since Winterbourne further abuses have been reported in small home environments again generally on residents who have been unable to articulate their concerns. Often issues have only come to light when hidden camera footage has confirmed the abusive behaviours.

Many thousands of vulnerable people live in small community homes and again they are often under represented. A younger group of people moving towards middle age with family members who are elderly and in some cases, frail parents who had previously been the carers. Their ability to oversee the care delivered in the care facility is often limited by physical infirmity, or simple geographical location.

Resident profile is usually middle aged as mentioned. Learning disability is an umbrella term that effectively includes learning difficulties associated with Autism, Asperger's, Down's syndrome, Fragile X Syndrome and emotional and intellectual impairment with each diagnosis presenting with a different range of behaviours, many of which can be of a challenging nature. Again, as a result, resident on resident issues often exist in addition to those that revolve around inappropriate staff behaviour.

Special Schools

Some children with behavioural, emotional and psychological problems including those on the autistic spectrum may not be suitable for mainstream schooling for several different reasons. Those children generally have at some point had an assessment by a psychiatrist/psychologist with a special school's education being a decided outcome.

Again, in such schools and their residential home, a mix of kids can create all sorts of ongoing issues that can result in differing levels of violence. Recently a BBC expose reminded everyone of the vulnerabilities of young men in a young offender's centre as staff routinely abused them. Many those young men had differing degrees of learning disabilities yet staff effectively and deliberately abused them for their own amusement.

In an age of technology, no reason exists to not use overt surveillance and monitoring system in such high-risk areas. A surveillance system again provides third party independent overview of service delivery in such potentially volatile care settings.

NHS Trust Providers

North Staffordshire hospital scandal would not have happened had a surveillance system been in use. The repeated and well documented failings would have been identified swiftly and the culture of neglect addressed before many vulnerable people had suffered further.

Abuse and poor practice is not confined to any one health and social care sector. Whilst the press over the years have focused and reported much more on the independent sector providers, that was only because the CQC regulator did not always inspect public sector providers. Since that changed much more scrutiny has been afforded to such institutions and thus, many more found wanting.

Many vulnerable people enter NHS care provision every single day. A lot of those people have the mind-set of no complaining because of their false perception that ‘care is free’ and therefore they shouldn’t make a fuss. However, as a result they suffer forms of abuse in relative silence. Whether it be long periods of no attendance, or left languishing in corridors because of lack of beds, or issues around poor post op care, or poor manual handling, a surveillance system can address such shortcomings and ensure issues are resolved before a negligent culture develops.

Nursery’s

Young children who have not developed language and motor skills are potentially at risk of poor care practices by the sheer fact of their inability to articulate their concerns. Children’s unpredictable behaviour can and has created tensions with nursery staff and other children and therefore a surveillance and monitoring system can ensure young kids are safeguarded and protected and all current unexplained injuries recorded for evidence purposes.

Domiciliary Care Providers

It is a well-known fact that most abuse occurs in a vulnerable persons own home. Whilst most those abuses are generally carried out by a family member, a material number of abuse events over the last five years have been perpetrated by care staff paid to provide much needed assistance. Given staff generally work alone in this market, the risk of abuse is higher as the present of a potential whistle blower is reduced. Many exposes over the last five years have heavily featured abuses by staff of domiciliary home care providers.

An event triggered CCTV system would ensure all visits to the resident’s home are recorded and that all images are immediately taken off site for monitor review. The deterrent effect of such would be very material given the overt nature of the surveillance. Confidence would also exist for commissioners as footage would confirm paid for care has been delivered.

Camera’s need only be triggered by staff arrival and deactivated on departure.

CCTV Current Systems Users

Despite all the aforementioned information and the vast number of reported abuses over the last thirty years, very few care providers actually use surveillance systems. Most have confirmed such systems are last resort and therefore adoption of such is unlikely without either regulatory enforcement or a demand from service commissioners that CCTV use is a contractual requirement.

The sad thing is many of those providers accept that they can never fully know what goes on in any particular care home all the time. The larger groups tend to have quality assurance systems yet many of those groups continue to experience poor inspection report findings and on occasions, reported abuses.

For those who argue that care selection, exhaustive training and extensive induction of staff will eradicate abuse, I say that has been tried for very many years. Providers do not naturally seek to deploy poorly trained staff given they know the risks of doing so to residents and to their reputation. Providers are very aware that the risk of long and protracted admissions embargoes result from serious complaints to it is totally in their interests to provide a high-quality service.

I have recently visited two providers who use CCTV services and have attached their rationale for doing so in the appendices, together with excerpts of social media feed I have received from campaign supporters.

Marbrook uses CCTV self-monitored systems in all communal areas. They know they have access to footage in the event something untoward happens on site. They directly retain the images and accept the roles of data controller and processor.

Zest takes a different approach. Their Bramley Court home has cameras in all communal areas and all bedrooms. The bedroom cameras are operational only with resident/advocate appropriate consent. Their system is third party monitored and their home is subjected to a minimum of two hours per day random sampling by a team of unconnected care professionals. They get a monthly report of those professional's findings. In addition, the system in bedrooms involves detection, so excessive movement, sound/noise or change in light will awaken a sleeping camera and record images. Those images are immediately sent off site. Zest has no access at all to the data. Their interest is not just abuse detection but about using systems to enable daily review of quality and thus, respond accordingly.

Whilst I have not visited such, I am aware that Camera technology has recently been installed in many patient areas and bedrooms at the Priory Hospital in Roehampton. The purpose at this location is patient safety. The system installed creates 'motion windows' over all ligature points in a building. Any patient they might attempt to self-harm via a ligature point will trigger a recorded image within 5 seconds that will be viewed almost instantaneously by a professional monitor. As a result, help can immediately be despatched.

Inspection and Regulation

Most Health and Social care providers are subject to robust inspection from the care Quality Commission which uses a framework of inspection relative to the Care Standards Act. Inspection personnel are usually based in the geographical locality in which any provider is operating and as a result, inspectors often don't have to travel too far to attend a care home. That facilitates announced and unannounced inspections at any time of a given day.

However with the best will in the world, an inspection is but a 'snapshot' in time. It is likely inspection personnel will be on site for around 12-15 hours across two consecutive inspection days. Over a year it is unlikely any provider will experience more than circa 36 hours of inspection unless in 'special measures or had an inadequate' rating. In such circumstances, inspectors may spend much more time at a given site.

My point however is that 36 hours per annum as an average is woefully inadequate simply because at a moment in time a service was adjudged to be acceptable and meeting standards at that point. Many very concerning situations have been exposed in homes that had apparently 'good' ratings in prior reports. Some of those issues appeared cultural in nature that were simply not visible perhaps on the day of inspection.

Camera technology records actual events on a daily basis if desired. There is no need to try and determine if an incident occurred on the basis of probability, whether a service is good enough based on the quality of its record keeping, or if residents are well cared for because the environment is five star. Surveillance and monitoring not only confirms what actually happens at any site, but also allows for a much more targeted approach when staff training needs are being planned.

Recommendation

Camera technology systems potentially could be the 'silver bullet' the sector has been seeking. It appears to me that despite many other positive initiatives, such as training, induction, recruitment screening, supervision etc, many unacceptable practices continue to exist.

Whilst one or two campaigners suggest families using covert hidden cameras in relative rooms is the way forward, many issues exist with that approach. First, the resident with no capacity won't have consented to such and therefore images may be used in a manner that is breaching human rights. Secondly, a covert system will break down trust between provider/staff and residents/family. That is not a good outcome for any stakeholder. Thirdly, when footage of an unacceptable nature is eventually recorded it means the resident/patient will already have suffered at least one episode of unacceptable practice.

An overt system is much more of a deterrent. Every stakeholder is aware that the cameras exist and they might just be live at any point in time. Bedroom camera's will have the appropriate authorisation.

Accepting that ‘Rome wasn’t built in a day’ a good place to start would be with the mandatory installation of cameras into all Dementia Care Home communal areas. That requires no consent and would at least allow providers to assess the positive impacts of such. Of course, risks of abuses and poor practice still exist in bedrooms if no cameras are present, so the goal would be to ensure all resident areas have camera technology that with consent, will provide much higher levels of safeguarding and reassurance.

To address the concerns around the legal issues, I have enclosed a copy of just one (of three) legal opinion’s given to me by Care Protect, the company that monitors the Zest Care Home. As you can see, that opinion confirms such systems meet all legal aspects and concerns relative to UK regulations and the EHRA articles 5 and 8. Worth noting that those who seek to prevent the use of such systems and rely on said articles, conveniently bypass Article 3 which prohibits inhuman and degrading treatment.

I initiated a petition asking Government to consider introducing legislation to require all care providers operating dementia care facilities to install CCTV systems into all communal areas. It is likely to get to 10,000 signatures in early February 2017. I recognise this is the second petition Government will receive and I am aware of the Hudgells Solicitors petition that preceded this second one. I believe Governments to that first petition was wholly inadequate and indeed we have since noted the abuses at the Morleigh Group homes in Cornwall as presented by Panorama.

It is really time to be much more pro-active to safeguard and protect our elderly citizens in a much more open and transparent manner.

I would therefore urge you to support our campaign and indeed raise awareness with all MP’s of all parliamentary parties irrespective of their political leanings.

Appendix 1



excellence in neurological care and rehabilitation

CCTV is not the panacea for all evils, it does not replace a staff team recruited on strong care ethics, but for us it's an essential tool in our safeguarding toolbox and a valuable resource to enhance our ongoing training.

When I first introduced myself to Jayne Connery, it was to share our good dementia care practice and the dementia friendly design we have invested in, to make our specialist atypical / early onset dementia service, as enabling and stress free as we can. The CCTV was just in the background, as it should be for any good care home setting.

Below is a piece our COO Lesa McAnulty wrote about our decision to install CCTV in all the common rooms at our bespoke new build neuro rehab centre. To my mind, it the best and briefest 'briefing note' on the subject that all who care about this subject should read.

Robert Myers – Head of Care Pathways

To See or not to C.....CTV

Now that is the question.

When we were planning our new nursing rehabilitation centre we talked at length about the pro's & cons of installing CCTV cameras in all communal areas as well as outside. It is a controversial matter and a decision not taken without very careful consideration.

Con's- Care by camera, e.g. staff watching the screen in the office rather than actually being with and interacting with people they are supposed to be caring for; it is considered by some to be an infringement of privacy; it could compromise dignity e.g does someone really want to be recorded whilst they are disorientated, incontinent and maybe even stripping their clothes off due to confusion? Also, if people didn't like the idea we would get no residents and for a new business that would be a disaster.

Pro's – It adds to security and serves as a serious deterrent to would be thieves; it can be reassuring for individuals and their families to know that should anything concerning happen it has been captured on camera; it is a constant reminder to staff of how seriously we take our standards of care; it enhances our safeguarding processes and it also protects staff from any potential inaccurate allegations etc.

These are just some of the things we thought about before we came down on the side of YES we want CCTV. So, following the comings and goings of CCTV engineers, lots of ladders, miles of cable and dirty boots over our new carpets, it is there and fully functioning. It has been a normal part of everyday life at The Marbrook Centre for eight months now and we have no regrets.

I am the 'responsible individual' registered with the CQC and I take the responsibility of caring for very vulnerable people who are other people's loved ones, very seriously. The CCTV does help me sleep more soundly, although I am not naive enough to think that it is a prevention of all things bad. It isn't, it is just a small help in this direction and as a famous supermarket once said, every little helps.

To counteract some of the Cons we practice a number of things. Firstly, we are fully compliant with Data Protection protocols and good practice pertaining to CCTV. We also have a big sign next to the visitor's book which clearly states CCTV is in operation. It is clearly stated in the resident's and staff handbooks. We are very open about it from the first point of contact which allows people to decide not to come and stay with us if they are troubled by the idea. Covert surveillance is never acceptable for us, ever! Another very important factor is that it is not monitored by staff. They have no access to it so cannot use it as a replacement for caring for people personally.

So how is it used? The senior management team can access it randomly to watch snapshots of life at the home. This probably amounts to less than an hour of live footage a week being seen. As part of our audit and quality procedures we do randomly select maybe three or four different shifts a month to look at retrospectively. We look at how are staff interacting with residents and are staff at night fully awake and attentive? So far so good! It is also used without hesitation when we have had a suspected incident, accident or complaint which needs further investigation.

So for good or for bad it's what we do at The Marbrook Centre. It is an aide to good care but never a replacement for such.

How would I feel about being recorded on camera if I were ill or vulnerable and needed the care of others? I would feel safe and happy that someone cares about me enough to want to do it. Will we be using it in our next new nursing centre? You bet we will.

Lesa McAnulty COO Marbrook, The Marbrook Centre, Phoenix Park, Eaton Socon, St Neots, Cambridgeshire, PE19 8EP 01480 273 273



Appendix 2

Zest Care Homes Ltd

Head Office
2nd Floor Tirrem House
16 High Street
Yarm, Cleveland
TS15 9AE
01325 288803

Background as to why we chose to install CP systems

The Directors of Zest have been working in the care sector for over 30 thirty years, principally in the Corporate space. As former Executives of two major UK wide healthcare businesses, it was our personal experience of care delivery that led us to conclude that despite best intentions, robust operational policies and meticulous and regular auditing of services, poor performance issues still occurred.

Why? perhaps for several reasons but a primary one seemed to be that regardless of training and induction provided, staff delivering care often sought to ‘take shortcuts’ when assisting residents. Those staff were not maliciously seeking to harm anyone, merely trying to execute tasks quickly, albeit the net result was often a lower standard of care delivery than we all wanted to achieve.

Whilst undoubtedly the availability of manpower resources to undertake care delivery was also a significant link, we believed ‘shortcutting’ still existed, even when sufficient staffing numbers were available.

Having been on the receiving end of concerns around unexplained injuries to residents, complaints about care quality and grievances from families who were very upset about a perceived lack of transparency, we decided to commit to using visual surveillance systems in two of our four homes.

Consequently, we held meetings with all stakeholders (residents, families, staff, commissioners and regulators etc.) to explain why we wanted to proceed with a camera monitored trial. We confirmed that we would commission a company that would monitor care delivery every day and use that team of experts to provide daily and monthly feedback as to quality of the service provided.

Basically, we wanted to know beyond any doubt that our service was of an acceptable standard every single day. When it wasn’t, we would be able to intervene and take immediate corrective action when monitors brought issues swiftly to our attention. Self-monitoring was not an option for us as no charge of suppression or deletion of images could ever be made if management of images monitoring was with a third party.

When we then decided to seek a visual surveillance service provider, we quickly realised that no one provided the type of service we had been seeking. Lots of companies offered

covert camera siting with streaming to a smartphone or tablet. That did not meet our requirements as no consent was often sought from residents being monitored.

Our minimum desired specification was as follows;

- An overt consent based system for bedroom and communal area use
- It would not always provide 24-hour continuous monitoring, but triggered ‘event’ recording
- Footage would be viewed only by professionally qualified, trained and licenced monitors
- Monitors would not be employed by Zest but by a third-party company
- Service provider would supply a monthly report detailing findings
- Alert system would allow for major incidents to be detected within minutes of occurring
- System would be auditable
- Data storage would meet all regulatory requirements
- Our minimum requirement of two hours a day of random sampling in communal areas and consented bedrooms.
- System would be proportionate and meet all EHRA articles 5 and 8 requirements
- Families would have a ‘login option’ with resident consent, via a unique PIN

Alas, no establish provider offered this wide-ranging specification.

We therefore incorporated Care Protect (CP), a separate entity which today (after a year in development) provides the monitoring service at our Bramley Court and Three Rivers Care Homes. CP also provides services to the wider UK market with Lifestyle Care Management and Priory Group being just two corporate users of surveillance and monitoring systems.

Bramley Court Outcomes

CP system use has been in Bramley Court for over 18 months. In that time, we have irrefutable third party CP evidence of ‘events’ that would never have been discovered had it not been for the present of the monitoring systems. Events were noted because individually set noise, motion, heat and light sensors were triggered and thus, intervention occurred immediately. In most of those instances, residents’ welfare was safeguarded and further harm prevented.

We have noted very material culture changes from minor examples such as how staff now position themselves when talking to residents, the practice of using mobile phones when with residents, the presentation of food etc. to more major issues such as delivery of personal care, management of incontinence and manual handling consistency. Very significant events such as resident on resident violence, staff attempting to sleep overnight at times, ‘drug near misses’ as staff were distracted when administering medications, staff rudeness, family abuse of residents etc. All have been noted because of the CP system, and addressed immediately without any delay.

One real positive is the reduction of unexplained injury events and a reduction in unexplained safeguarded referrals. The CP system has assisted with preventing accidents as focussed training followed monitor notification of repetitive poor or casual practices.

Families are very positive about system use. They know a ‘third professional’ is regularly viewing services every day and thus, they are reassured as to the transparency and openness provided by the Bramley Court management team.

Other visiting professionals who have witnessed first-hand how camera image recording has reduced the incidence of falls with a resident. They have also could request footage to support resident review findings, for example a need for one to one support services or a need for a more suitable placement to be arranged as an individual’s needs changed and behaviours presented a risk for other residents.

It is our view that whilst the regulator (CQC) operates under a very robust framework and has a challenging inspection regime, its findings are nevertheless a ‘snapshot’ in time. We believe that daily monitoring is much more effective and focus on care practices and the actual delivery of care should have priority over the presentation of care documentation as an indication as to whether care quality at any site is of a good enough standard.

Providers have an interest in knowing that information. CP acts as a critical friend, one that is interested in pointing out care shortcomings as soon as they are witnessed. Those shortcomings are no longer ‘perceived’ as images either confirm issues indeed are present, or they are not. CP enables Bramley Court to promote consistent, sustainable high quality care services every day. When we fall short of that, we are called to account and expected to intervene positively to address issues.

Philip Scott
Director
Zest Care Homes

Appendix 3

Words of Support

In addition to the thousands of signatories to the ongoing petition, please find just a handful of comments from a vast pool of supporters. Our campaign continues via all social media platforms and via national press interest articles.

Dear Jayne,

You are amazing what you have achieved, I so admire your strength and commitment and determination to let the world know what you have found in the system here in the UK and it's total failing in so many respects to care of those people suffering with Dementia.

I follow your Dementia Support group, and you all highlight the difficulties you are facing - this is helpful to me to give examples, of course I never use anyone's name because of confidentiality.

I was thrilled to hear how well your Mother is settling at home with a full time carer - The 1x1 excellent care in a loving environment has to be the best, and to know you are close at hand and to be with the people she loves.

I was also so pleased to hear you had a good experience at A and E Wexham recently with your mother - so things are beginning to happen, and a large thank you to you.

I did read of a case like yours whose mother was asked to leave the care home she was in due to the family complaining - that is appalling, as it was in your case. Most families are frightened this will happen to them, and no care home will accept their mother or father so results in keeping quiet.

I also find many carers if they complain at the treatment of residents to the manager of the home or owners, then their life working in the care home is made so miserable/bullied they have to leave, so of course many stay quiet for they need the job - you are so right in saying it is the managers and owners who need to be accountable, they are just making money out of our vulnerable people.

As you know I train domiciliary care workers at Universal Care to work in people's own homes, both full time live in carers and daily carers. I am also training first year nursing students at the University of West London in the care of those who arrive in a hospital with any number of issues, but the over riding problem is their Dementia.

I am also training 'Train the Trainer' in the RBWM (Royal Borough of Windsor and Maidenhead)in Dementia Awareness at the Alzheimer Dementia Support Group who have broken away from the Alzheimer Society so they can concentrate on their local area. This is working well, so there is light on the horizon, but of course still a long way to go.

If you want me to do anything to support you please let me know.

Again thank you so much for all you do, and I pray that this new care for your mother continues so well, I just feel so moved when I see those lovely pictures of her and the carer together, also your dear father and mother together, and of course you with her.

Sally Blackden

I saw your link today regarding CCTV in care homes. I have been a carer working in a dementia home for nearly 5 years and totally support this. I frequently discuss this with colleagues. Not only would it cut down on abuse and neglect but one would hope that it could replace some of the immense paperwork load. We fill in endless paperwork to prove standard of care but I feel it detracts from time which could be better spent socialising with and enhancing my residents' lives.

Thankfully I work in a reputable home where the vast majority of my colleagues view our residents as friends or even family. I myself have residents I view as friends because I have grown strongly attached to them and grieve when they pass away.

Graham – Senior Care Manager –Dementia Unit

Hi Jayne

I have been thinking a lot about what you said to me and it is evident from the support you are receiving that there is a great deal of interest in the use of CCTV to protect and safeguard people who are vulnerable such as those with dementia. It appears that you have good support from the public who see the benefit of what you are proposing. However there remains an issue in persuading sector professionals and the regulators.

Telling your story is obviously the most powerful way of challenging strongly held views. For that reason I won't if the next stage of the campaign would best be progressed through articles and interviews in the professional press and the use of blogs which could be promoted through social media.

In addition there are key organisations that it would be helpful to get onside, including for example Age UK, Dementia UK, Alzheimer's Society, Relatives & Residents Association, LG Ombudsman, CQC. Perhaps also the various trade and representative bodies. If you thought I could help in facilitating contact or in raising the profile of the campaign (seems to me that you have already done a brilliant job) I be happy to support. As you indicated when we spoke further development of the campaign will probably mean that additional assistance will be necessary. It is a dilemma as the effectiveness of the campaign may be in not being tied to anyone organisation but it is a big task to be undertaken on an individual basis.

To challenge professionals it will be important to emphasise the way in which the use of cameras is not intended to replace staff or training or supervision and management but added protection.

I hope this is helpful. Regards

Des Kelly OBE

Independent Mental Health Advocate in Dementia CARE.

Hello Jayne I just wanted to say what fabulous work you are doing. I am an independent mental capacity advocate in Liverpool and part of my job is to represent people with dementia living in care homes to challenge the local authority about the deprivation of liberties process and to check the standard of care. I am very passionate about working with the older generation and I am supporting your cause

Sharon.

My Mum was abused in a care home in 2012. I was tipped off this was happening so i bought a dictation machine and put into the back of my Mum's wheelchair. 2 carers resigned and a nurse had the nursing and midwifery council fight her corner but she was sacked in the end. My Mum sadly passed away nearly 3 weeks ago. Im finding it hard to deal with the loss. I do feel her death could have been prevented. xx

Anon

Hi Jayne , my brother had the meeting today with the care home manager yet again she swept everything under the carpet, they said they was thinking of banning me from the Carehome but decided not too, she told him that all the staff are scared of me but later in the meeting she said for got her self and said a few of the staff like me my brother pulled her on that , they deny everything that has been said to them when he challenged them on issues, she's backed us in a corner because my mums dementia is very complex and there aren't many homes that will take her there's one about 40 miles away I couldn't have her that far away, I'm so angry she doesn't want me spking to the staff if there are any issues I have to tell my brother who has to inform her, it's bloody ridiculous , I'm still pushing for the petition telling everyone I meet I want this so much xx

Lucy Clarke

Morning Jayne, We sadly lost my father in law last year due to the lack of care and multiple failings in a care home where I believe CCTV would have prevented what happened to him. I am messaging you because I felt so sad upset and angry after seeing your post that u posted a short while ago. It sadly reminds me of the horrible feelings I felt last year and still do Jayne. I was more people would think of these wonderful people who are suffering inside and out. I wish I was god Jayne I really do. Please keep going as you ARE making a difference and can see things will change and we will all be there to YES you did it.

Deb Harris

Hi Jayne, Im still not happy with the way my Dad was treated and im still having nightmares waking up just before i can enter the room they said they found dad in Im going to go up to the care home and ask can i see the documentation and to be shown just what did happen as i know they're covering something up , my dad said 'push push bang' i will get to the bottom of it if it kills me.

Living With Dementia

I've just had a quick look and the government have sat on the fence with the use of CCTV in care homes. They have said they do not object but have neither said they promote and urge. It needs to be made the law and I can see exactly what it is your trying to do. I think the CQC should be right behind this!.

Julia McCarthy Support of CCTV Hi Jayne

What a fantastic campaign you're leading, well done! I've signed the petition. Shared via fb, twitter and whatsapp inviting family and friends to sign too.